SSRG International Journal of Nursing and Health Science
ISSN: 2454–7484 / https://doi.org/10.14445/24547484/IJNHS-V9I3P101

Volume 9 Issue 3, 1-8, Sep-Dec 2023

Original Article

Impact of Yoga on Depression, Self-Esteem, Quality of Life and Loneliness in House Hold Women Who Worked Professionally

Satyapriya Maharana[1], Usha Kumari Meenahalli[2], Guru Deo[3]

[1,2]*Division of Yoga & Life Sciences, S-VYASA, Bengaluru, India.*
[3]*Department of Yoga Therapy), Morarji Desai National Institute of Yoga, New Delhi.*

[3]*Corresponding Author : gurudeoyoga15@gmail.com*

Received: 22 August 2023 Revised: 29 September 2023 Accepted: 17 October 2023 Published: 07 November 2023

Abstract *- Background- Many women in India leave their jobs and take care of family and household activities after marriage or having kids. This transition change in their life significantly affects their psychological health in term of mood and self-esteem and make them feel lonely. As a mind and body intervention, Yoga positively impacts psychological health in professional women. Objectives- To study the impact of yoga practice on psychological health in household women who were previously professionals. Material and method- Eighty-two household women from the residential complex in south Bengaluru, between age 25 and 50 yrs, (Age range Mean/S.D 38.79±4.42: Yoga group) & (age range Mean/S.D 38.98±5.99: Control group) who were `working different professionals previously, were divided into yoga group (42) waitlist-control group (40). Subjects in the yoga group underwent 12 weeks of integrated yoga practice consisting of asana, pranayama, kriyas, relaxation techniques, and meditation for three months. The control group followed the routine. All the subjects were assessed for depression; quality of life, self-esteem, and loneliness were evaluated using an appropriate assessment scale. SPSS version 16 was used for data analysis. Results- In within group comparison, a significant improvement in depression (P<0.001), loneliness(P<0.001), quality of life (P<0.001), satisfaction with life(P<0.001) and self-esteem was found in the Yoga group, as control group we found. Between groups, the comparison showed significant improvement in depression (P< 0.001), loneliness (p<0.001), quality of life (P<0.001), satisfaction with life (P<0.001) and self-esteem ((P<0.001) in yoga group as compared to the control group. Conclusion – Three months of yoga intervention led to significant improvement in depression & loneliness, quality of life, satisfaction in life, and self-esteem in household women who were previously working as professionals.*

Keywords *- Depression and loneliness, House hold mothers, Working women, Self-esteem, Quality of life*.

1. Introduction

Status of Women in the present World: According to the United Nations Survey of the World's population 2015, 50.4 per cent is male and 49.6 per cent is female. [1] World women's statistics show that after marriage, maintaining the family and caring for family members lies primarily on the shoulders of women. [2] Undoubtedly, no women will be paid for this work anywhere in the World. When unpaid work is considered, women's total work hours are longer than men's in all regions.[3]

Women's Role in Society: Increased awareness and education have inspired women to come out of the four walls of the home and get knowledge. [4] Despite being educated and knowledgeable, the responsibility of maintaining the families still lies on these women; hence, they must stay home- This is what society is! Most of these women are just on the threshold of transition from tradition to modernity [5]. Traditionally, an Indian woman had four-fold status roles of sequences. These were her role as a daughter, wife, housewife (homemaker), and mother, and her role is restricted only to these [6]. If a woman wants to do more than this, she must struggle hard and be lucky enough to get the family's support. But ironically, not all women get this kind of support.

Education & Economic Status of Women: It is a good sign that more girls are enrolling in primary school education globally. It has increased from 79 to 86 percent in the past few years. Which shows women are getting the primary education [2]. But when we come to the Economic status of women, the wages represent between 70 and 90 per cent of their male counterparts' salaries [7].

Women are rarely employed in jobs with status, power and authority and traditionally male blue-collar occupations [8]. These readings show women are still not on par with men regarding their economic condition. [9]

Challenges of Present Women: The most challenging situation of present-day women is parenting. She is responsible for building the future society; hence, she has to guide her children with proper knowledge and make them accountable and understanding human beings. In modern-day nuclear families, mothers face difficulty handling the parenting pressure. Most mothers are taking Internet advice for effective parenting [10]. General Health issues of women: Stroke; many of the risk factors for stroke are the same for men and women, including a family history of stroke, high blood pressure, and high cholesterol. Some risk factors are unique to women; taking birth control pills, being pregnant, and using hormone replacement therapy increase the risk factors for women [11]. Women suffer from thyroid, irregular periods and many more. Heart Disease: women are more likely to die following a heart attack than men are. [12] Women are more likely to show signs of depression and anxiety than men are.[13] Osteoarthritis affects more women than men [14]. Women are more likely to report having stress, and almost 50% of all women in the survey reported having pressure from the past five years. Most of the women are diagnosed with Polycystic Ovarian disorder, hence problems in conceiving.[15].

Indian Women: According to India's constitution, women are legal citizens and have equal rights with men (Indian Parliament). Although the country's constitution says women have equal status to men, women are powerless and are mistreated inside and outside the home[16]. But the modern Indian woman is the epitome of courage; she has resilience and can fit into diverse roles beautifully[17]. She is someone who works toward the satisfaction of multiple individual souls as well as of the family as a unit. We need to salute some of our Indian Women for her considerable role. [5]

Many women in India leave their jobs and take care of family and household activities after marriage or having kids. This transition change in their life significantly affects their psychological health in term of mood and self-esteem and make them feel lonely. Yoga, a mind-body intervention, is known to impact women's psychological health positively. Few Previous studies have shown that Yoga has been effective in decreasing depression. To date, no studies have measured their self-esteem, loneliness, satisfaction with their life and Quality of life. The need for the present is to study the impact of Yoga on depression, self-esteem, and quality of life—satisfaction in life and loneliness in Household women who were previously professionals.

To study the impact of yoga practice on psychological health in Household women who were previously professionals. The study's objectives were to see the effect of Yoga on depression, the WHO (FIVE) Well–Being Index, Rosenberg Self Esteem Scale, Satisfaction with Life scale, & UCLA loneliness scale of Household women who were previously professionals.

2. Materials and Methods

Subjects were staying at home, mothers with one or two children (below 18 yrs.) who were academically well qualified and worked earlier in reputed companies. They were now staying at home to take care of the family. The age range of the subjects was between 28 to 50 years' mothers.

The experimental and control group subjects are from Brigade Palm Springs apartments in south Bengaluru. For three months, the yoga module was given in the Banquet Hall for mothers staying at home under an experimental group and advised half an hour of walking daily for controlled group mothers. The total participants were eighty-two (**N** = 82) healthy women. They all were divided into 42 in the experimental group and 40 in the control group.

The inclusion criteria were mothers who worked earlier and are now staying at home; academically well qualified; physically healthy mothers; Psychologically healthy mothers; financially sound mothers; mothers with children below 18 years; mothers aged between 25 to 50 years; and mothers with equal socio-economic conditions.

The exclusion criteria were pregnant women suffering from any neurological disorders or any other serious ailments working mothers.

Mothers who agreed to participate (n = 82) completed an introduction of the study, and written, informed, and signed consent was taken from all the participants at the commencement of the study.

Table 1. Design of the study

(Two Group - Pre-Post Design)			
Experimental Group Yoga for three months daily for 1 hour, five days a week		Control Group Walking for 30 minutes in the morning for three months every day	
Pre1st day	Post 60^{th} day	Pre 1^{st} day	Post 60^{th} day

2.1. Intervention

A pre-post design was adopted to carry out the study (shown in Table 1). Eighty-two household women from the residential complex in south Bengaluru, between the ages 25 and 50 years (Mean age, Yoga group-38.79±4.42) (Mean age, control group-38.98±5.99), who were working with different professionals previously, were divided into yoga group (42) waitlist-control group (40).

Subjects in the yoga group underwent 12 weeks of integrated yoga practice consisting of asana, pranayama, kriyas, relaxation techniques, and meditation for three months (Table 2). The control group followed the routine.

For the Experimental group, Yoga intervention was based on a module prepared by SVYASA for promoting Positive Health. The intervention was one hour for three months, five days a week. The module consists of yoga asanas, pranayama, and several meditation techniques. Regular attendance was monitored by maintaining an attendance register. The yoga module implemented in this study followed the typical IAYT session module; details of these practices are given below in Table 2. The control group was advised to walk for half an hour in the morning for 30 minutes for three months.

Table 2. Yoga module for promotion of positive health - (PPH)

Sr. No.	Name of Practices	Number of rounds	Duration
	Starting prayer		2 min
Breathing Practice			
1	Hands stretch breathing	3X3 rounds	2 min
2	Ankle stretch breathing	5 rounds	1 min
3	Rabbit breathing	5 rounds	1 min
4	Sasankasana breathing	5 rounds	1 min
5	Hands in and out, breathing	5 rounds	1 min
6	Dog breathing	5 rounds	1 min
7	Tiger breathing	5 rounds	1 min
8	Straight leg raise breathing	5x2+5 rounds	
Instant Relaxation Technique (IRT) 1 min			
Loosening Exercises			
1	Jogging		2 min
2	Forward backward bending	10 rounds	20 sec
3	Side bending	10 rounds	20 sec
4	Twisting	10 rounds	20 sec
5	PavavnamuktasanaKriya	5X2+ 5 rounds	2 min
Quick Relaxation Technique(QRT) 2 min			
Surya Namaskara		3 rounds	2 min
Asanas Standing Postures			
1	Ardhakatichakrasana	1 round	2 min
2	Trikonasana	1 round	2 min
3	Parsvakonasana	1 round	1 min
4	Padahastasana	1 round	1 min
5	Ardhachakrasana	1 round	1 min
6	ParivrataTrikonasana	1 round	2 min
Sitting Postures			
1	Paschimottanasana	1 round	1 min
2	Ustrasana	1 round	1 min
3	Vakrasana or Ardhamatsyendrasana	1 round	2 min
4	Vajrasana	1 round	1 min
5	Sasankasana	1 round	1 min
6	SuptaVajrasana	1 round	1 min
Prone Postures			
1	Bhujangasana	1 round	1 min
2	Salabhasana	1 round	1 min
3	Dhanurasana	1 round	1 min
Supine Postures			
	1. Halasana 2 . Chakrasana	1 round 1 round	30 sec 30 sec
3	Sarvangasana	1 round	2 min
4	Matsyasana	1 round	1min
5	Ardhasirsasana/ sirasasana	1 round	1 min
Deep Relaxation Technique (DRT) 7 min			
Pranayama			
1	Kapalabhati	40-100 rounds	1 min
2	Sectional Breathing	3X4 rounds	2 min
3	Nadisuddhi	5 rounds	3 min
4	Sitali/sitakari/sadanta	5 rounds	1.5 min
5	Brahmari Pranayama		
6	Nadanusandhana	3X4 rounds	3.5 min
Devotional songs optional, Meditation 5 min, Closing Prayer 2 min			

Percentage of Attendance: An attendance register was maintained to observe the regularity of subjects for practice. Almost 90% attendance was there regularly, whereas the remaining 10 % were absent due to genuine reasons such as the menstrual cycle. While I have put 70% attendance as a cutoff percentage for my study, more than 90% of the subjects had more than 80% attendance. There are no dropouts in the entire three months intervention.

Intervention: For the wait list control group. Walking for half an hour in the morning was suggested for mothers in the wait list control group. It was recommended for three months of walking every day in the morning hours.

The following assessments were performed for both groups before and after the three months of intervention.

1. BDI: The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression [18]
2. UCLA Loneliness Scale: A 20-item scale to measure one's subjective feelings of loneliness and social isolation. [19].
3. WHO(Five)Well-Being Index (1998 version). The WHO-5 is a short questionnaire comprising five simple and non-invasive questions that tap into the respondents' subjective well-being.
4. The Satisfaction with Life Scale (SWLS): This scale was developed to assess satisfaction with the respondent's life. [20]
5. Rosenberg self-esteem scale –RSES, A widely used self-report instrument for evaluating individual self-esteem, was investigated using item response theory.[21]

2.2. Data Analysis

All data were found to be ordinal. Mann-Whitney U test was used to compare difference scores (delta change) between the two groups and within groups [22]. SPSS version 16 was used for data analysis

3. Results and Discussion

All the subjects were assessed for depression; quality of life, self-esteem, and loneliness were evaluated using an appropriate assessment scale. SPSS version 16 was used for data analysis. The demographic details of all the participants were taken before the start of the study. (shown in Table 3)

Table 3. Demographic data of both groups

Description		Yoga Group n=42	Control Group n=40
Age	25-35 years	9	11
	36-45 years	35	24
	46-50 years	0	5
Education	Graduate	17	24
	Post Graduate	27	16
Working years	1-4 years	27	21
	4-8 years	17	19
Staying at home	1-4 years	19	13
	4-8 years	25	27

Table 4. Comparative pre and post data of both the groups: Experimental and control

Variable	Group	PRE	POST	ES	Within Gps (Wilcoxon- sign rank) Sig- P value	% Change	Sig- P values Between Gps (Mann-whiney)	
							Pre/pre	Post/post
BDI	Yoga N-42	15.19 ±3.83	7.12 ±3.02	3.04	0.001	53.13	0.318	0.001
	Control N-40	15.95 ±3.92	14.25 ±4.41	1.41	0.001	10.66		
QOL (5)	Yoga N=42	12.57 ±2.37	17.69 ±2.85	2.06	0.001	40.72	0.246	0.000
	Control N=40	12.88 ±2.98	13.93 ±3.38	0.86	0.001	8.15		
RSES	Yoga N=42	15.45 ±3.38	24.67 ±3.25	2.24	0.001	59.64	0.765	0.000
	Control N=40	15.58 ±2.55	17.08 ±2.18	1.18	0.001	9.63		
SWLS	Yoga N=42	20.69 ±3.55	27.05 ±3.64	2.89	0.001	30.72	0.046	0.000
	Control N=40	19.90 ±2.97	20.93 ±2.91	1.18	0.001	5.15		
ULCA	Yoga N=42	27.81 ±7.97	13.95 ±7.76	2.91	0.001	49.83	0.042	0.000
	Control N=40	26.70 ±4.99	24.15 ±4.89	1.68	0.001	9.55		

Abbreviations: BDI: Beck Depression Inventory, QOL (Five): Well Being Index, RSES: Rosenberg self-esteem so SWLS: Satisfaction with Life Scale & ULCA loneliness Scale & ES-effect size.

Legend: There is significant reduction in perceived stress & in loneliness feeling. Significant improvement in Qua well-being, in self-esteem, in satisfaction in life feeling in yoga group compared to control group.

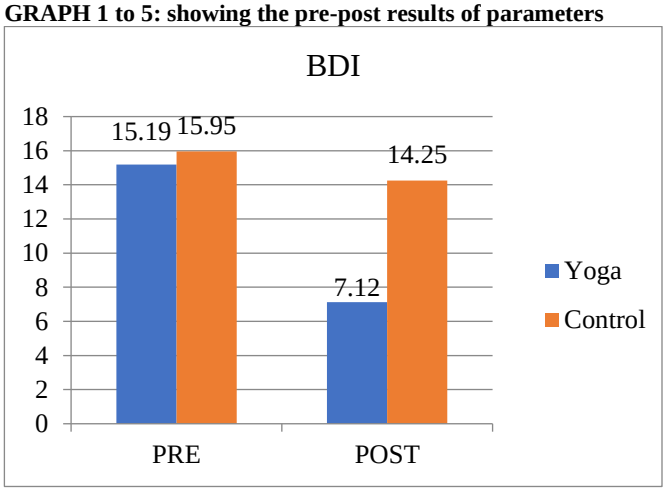
In within group comparison, a significant improvement in depression (P<0.001), loneliness(P<0.001), quality of life (P<0.001), satisfaction with life(P<0.001) and self-esteem was found in the Yoga group, as control group we found.

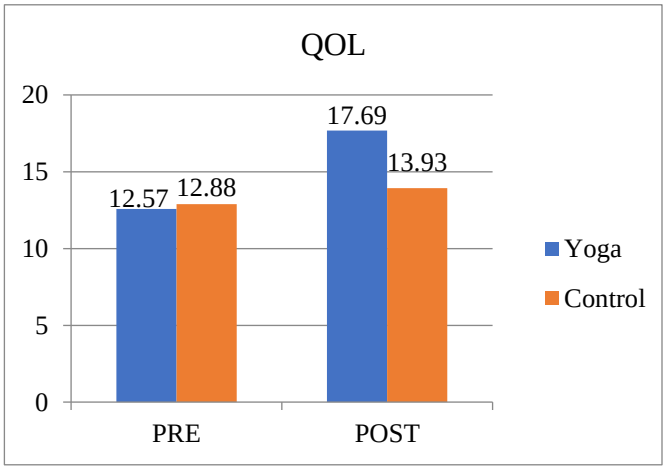
Between the groups, the comparison showed significant improvement in depression (P< 0.001), loneliness (p<0.001), quality of life (P<0.001) and self-esteem (0.001) in the yoga group as compared to the control group. BDI scale reduced in Yoga (53.13 %) compared to the control group (10.66 %) with a significant difference between groups (P=0.000).

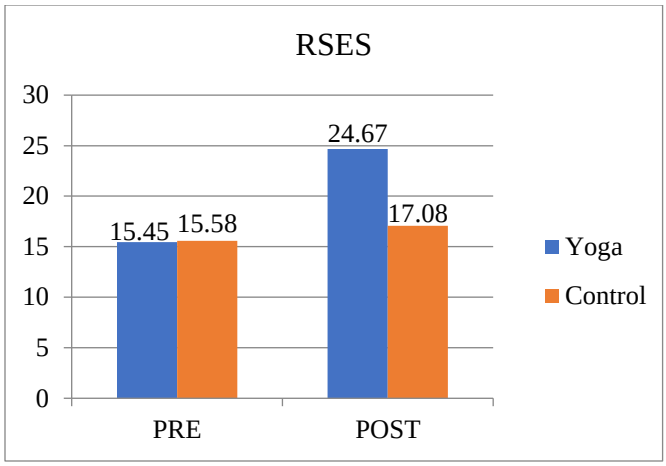
QOL scale improved in Yoga (40.72 %) compared to the control group (8.15 %), with a significant difference between groups (P=0.000). RSES scale improved in Yoga (59.64 %) compared to the control group (9.63 %) with a significant difference between groups (P=0.000).

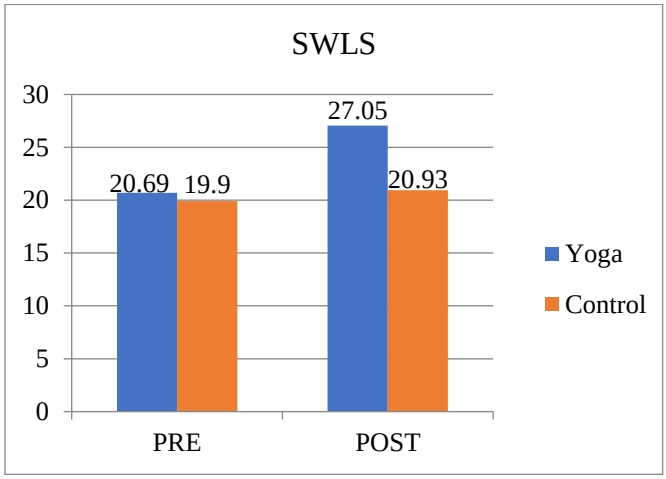
SWLS scale improved in Yoga (30.72 %) compared to the control group (5.15 %), with a significant difference between groups (P=0.000). ULCA scale reduced in Yoga (49.83 %) compared to the control group (9.55 %) with a significant difference between groups (P=0.000).

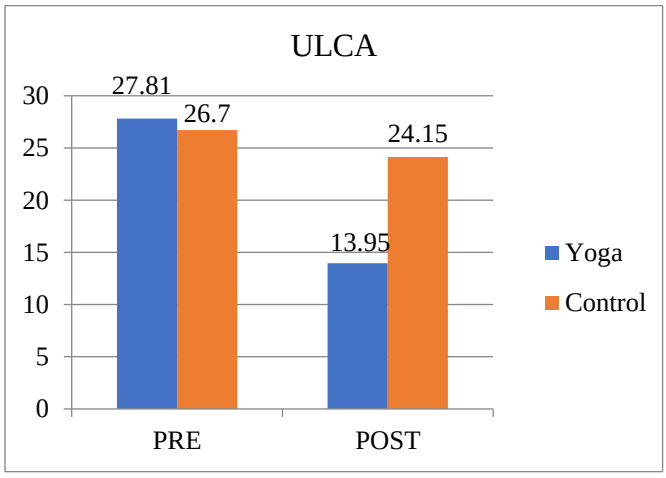
GRAPH 1 to 5: showing the pre-post results of parameters











This is the first study which focuses on the effect of Yoga on quality of life, loneliness, and self-esteem in Household women who were earlier working professionals. Our present result is similar to the earlier few studies which were carried out on some aspects of women. The positive effect of Yoga has been demonstrated in several earlier studies on Healthy

homemakers, present assessment using the Beck Depression Inventory (BDI) presented similar data as earlier by other researchers. The present result indicated that three-month yoga practices lead to significant improvement in BDI (53.13 %), Quality of life (40.72 %), Rosenberg Self Esteem Scale (59.64 %), Satisfaction with life scale (30.72 %) and ULCA loneliness Scale (49.83%). Earlier studies of Yoga on Depression in healthy housewives had been conducted. The study reported that twelve weeks of mindfulness-based Yoga on forty-two women showed improvement in depression using the BDI scale (31.06 %) [23]. Three months of Iyengar Yoga showed significant improvements in depression (CESD) scale (48.14 %) and well-being (60.81 %) in twenty-four healthy women [24]. These results support our present findings. To date, no studies have measured their self-esteem, loneliness, satisfaction with their life and Quality of life.

It was also seen that staying at home is self–imposed pressure to be everything for everybody, making women wholly disconnected from themselves.[25]. Stay-at-home moms also lag in terms of positive emotions. They are less likely to smile, laugh, or learn something interesting[26].

Tradition is powerful in India and dictates many aspects of our lives**.** Practice makes particular demands on the way women live their lives. [4] A survey conducted in Delhi and its neighbouring regions found that only 18-34% of married women continue working after having a child, and the rest resign from managing the household and looking after their children. These statistics glaringly highlight the fact that when it comes to household issues, men take the backseat, and women are forced to tackle tasks that have next to negligible prestige in society.[27]

Women (mostly married) complained of depression, being unable to focus on things, bursting into tears without reason, sleeping a lot and feeling unusually tired [28]. The working women derived considerably more satisfaction from their outside jobs than the housework or the homemakers did from their work in the home. A comparison of a patient population of depressed housewives with employed mothers showed significant differences in social functioning concerning work roles. The women at home are more depressed[5].

Women are conditioned to a blind emotional dependence on men, and in a sense, the whole purpose and meaning of a woman's life are to win and retain a man's love in her life, & there is no identity for her other than a housewife, even though she might be reasonably educated. Motherhood is a complex emotional and psychological experience; it cannot be a universal feature in defining identity[11]. Evidence suggests that mothers of young children have lower physical activity levels than women of similar age who do not have children because they are more focused on caring for their children than their health [29].

The educated woman who stays at home now may face a longing lack of fulfilment and awkward silence [30]. Stay-at-home mothers have emotional problems that could be related to their monotonous lives, lack of independence and social support[31]. A mother of two kids says she is always busy caring for her family, surrounded by family members. However, there is still a surprising and profound feeling of isolation somewhere inside her.

She feels no one around her understands her feelings and feels lonely.[32] "Wives are more lonesome now than they have ever been". [33] The educated woman who stays home now may face a measure of not only the longing and lack of fulfilment but also the awkward silence and turning away at a cocktail party when she says she is a stay-at-home mother. She feels it's a significant setback for her self-esteem to identify as just a Housewife [34]. Recent studies show that people who have more social roles experience will have less psychological distress and mental illness.[35]

The women at home are more depressed& not satisfied. The working women derive considerably more satisfaction from their outside jobs than their housework, but the homemakers will not get much satisfaction because there is no appreciation[36]. Regular, long-term practice of Hatha yoga provides clear and significant health benefits. Yoga can significantly reduce perceived stress in middle-aged women [37]. A study shows women with depression took aroma therapy using essential oil and showed positive results.

In another study, 220 women took acupressure treatment for depression, and they were happy with the result. The current research exhibited that yoga practices benefit mothers who practice regularly and consistently at home. It is evident that mental, emotional, social and physical health can be maintained adequately by one hour of combined yoga practices with breathing and asanas. The yoga group in the current study has demonstrated the positive effect on the sides where at home women feel isolated and emotionally weak.

3.1. Strength of the Study

This study's subjects were staying-at-home mothers of a residential complex, so there were minimum confounding variables. The study was conducted with intervention consistently for three months with zero dropouts. All the subjects were delighted after practising three months of yoga practices designed for them.

3.2. Limitations of the Study

All the subjects were females. During the menstrual time, they were not practising Yoga. It was also observed that most of the women were not sharing their gynecological issues with the Yoga instructor. Moreover, there was no control over diet as researchers did not directly monitor them. Subjects are from financially solid backgrounds & are educated; they are from the upper middle class. In this study, all the participants

were from the upper high class with families with less financial issues.

3.3. Future Recommendations

The same study may be carried out on low-income families, where homemakers are more stressed with the demands of the family. Future research may also focus on women working from home with low incomes. Further study may observe those women with teenage children and husbands simultaneously doing their job from home with more burden.

4. Conclusion

Three months of yoga intervention they led to significant improvement in depression, loneliness, quality of life, satisfaction in life, and self-esteem in household women who were previously working as professionals. The result also exhibited that consistent yoga practices ensure mental calmness and serenity of mind, which improves overall health and well-being.

Acknowledgement

We are thankful to all Prashanti Kutiram, Bangalore's participants and teachers who helped conduct the study.

References

[1] Melonie Heron et al., "Deaths: Final Data For 2006," *National Vital Statistics Reports,* vol. 57, no. 14, pp. 1–136, 2009. [Publisher Link]

[2] The World's Women 2010: Trends and Statistics, United Nations Department of Economic and Social Affairs (UNDESA), 2010. [Online]. Available: https://www.un.org/en/development/desa/publications/the-worlds-women-2010-trends-and-statistics-2.html

[3] Robin Cohen, and Shirin M. Rai, *Global Social Movements,* A&C Black, 2004. [Google Scholar] [Publisher Link]

[4] Dhanalakshmi De Sousa, and Avinash De Sousa, "Indian Womanhood: Some Psychological Concepts," *Mens Sana Monographs,* vol. 13, no. 1, pp. 16-22, 2015. [Google Scholar] [Publisher Link]

[5] E. Mostow M.P.H., and P. Newberry B.A., "Work Role and Depression in Women: A Comparison of Workers and Housewives in Treatment," *American Journal of Orthopsychiatry*, vol. 45, no. 4, pp. 538–548, 1975. [CrossRef] [Google Scholar] [Publisher Link]

[6] Kiran Rao, "Recent Research in Stress, Coping and Women's Health," *Current Opinion in Psychiatry,* vol. 22, no. 2, pp. 188–193, 2009. [CrossRef] [Google Scholar] [Publisher Link]

[7] Lourdes Beneria, and Gita Sen, "Accumulation, Reproduction and "Women's Role in Economic Development": Boserup Revisited," *Journal of Women in Culture and Society*, vol. 7, no. 2, pp. 279–298, 1981. [Google Scholar] [Publisher Link]

[8] M. Michelle Taylor-Robinson, and Roseanna Michelle Heath, "Do Women Legislators Have Different Policy Priorities than Their Male Colleagues?," *Women and Politics, Taylor and Francis Online*, vol. 24, no. 4, pp. 77–101, 2008. [CrossRef] [Google Scholar] [Publisher Link]

[9] Hilary Charlesworth, "Not Waving but Drowning: Gender Mainstreaming & Human Rights in the United Nations," *Harvard Human Rights Journal,* vol. 18, pp. 1–19, 2005. [Publisher Link]

[10] Jodi Dworkin, Jessica Connell, and Jennifer Doty, "A Literature Review of Parents' Online Behavior," *Journal of Psychosocial Research on Cyberspace*, vol. 7, no. 2, 2013. [CrossRef] [Google Scholar] [Publisher Link]

[11] Kathryn M. Rexrode et al., "A Prospective Study of Body Mass Index, Weight Change, and Risk of Stroke in Women," *JAMA Network*, vol. 277, no. 19, pp. 1539-1545, 1997. [CrossRef] [Google Scholar] [Publisher Link]

[12] Meir J. Stampfer, and A. Colditz, "Estrogen Replacement Therapy and Coronary Heart Disease: A Quantitative Assessment of the Epidemiologic Evidence," *Preventive Medicine*, vol. 20, no. 1, pp. 47–63, 1991. [CrossRef] [Google Scholar] [Publisher Link]

[13] Ichiro Kawachi, and Lisa F. Berkman, "Social Ties and Mental Health," *Journal of Urban Health*, vol. 78, no. 3, pp. 458–467, 2001. [CrossRef] [Google Scholar] [Publisher Link]

[14] D.J. Hart, and T.D. Spector, "The Relationship of Obesity, Fat Distribution and Osteoarthritis in Women in the General Population: The Chingford Study," *The Journal of Rheumatology,* vol. 20, no. 2, pp. 331–335, 1993. [Google Scholar] [Publisher Link]

[15] Patrick Casey et al., "Maternal Depression, Changing Public Assistance, Food Security, and Child Health Status," *Pediatrics,* vol. 113, no. 2, pp. 298–304, 2004. [CrossRef] [Google Scholar] [Publisher Link]

[16] V. Davar Bhargavi, *Mental Health of Indian Women: A Feminist Agenda,* Sage Publications India, 1999. [Google Scholar] [Publisher Link]

[17] Jayita Poduval, and Murali Poduval, "Working Mothers: How Much Working, How Much Mothers, and Where is the Womanhood?," *Mens Sana Monographs,* vol. 7, no. 1, pp. 63-79, 2009. [Google Scholar] [Publisher Link]

[18] A.T. Beck et al., "An Inventory for Measuring Depression," *Archives of General Psychiatry,* vol. 4, no. 6, pp. 561–571, 1961. [Google Scholar] [Publisher Link]

[19] Dan Russell, Letitia Anne Peplau, and Mary Lund Ferguson, "Developing a Measure of Loneliness," *Journal of Personality Assessment,* vol. 42, no. 3, pp. 290–294, 2010. [CrossRef] [Google Scholar] [Publisher Link]

[20] Ed Diener et al., "The Satisfaction with Life Scale," J*ournal of Personality Assessment*, vol. 49, no. 1, pp. 71–75, 2010. [CrossRef] [Google Scholar] [Publisher Link]

[21] William Petersen, "Self Esteem and the Adolescent: Society and the Adolescent Self-Image. Morris Rosenberg. Princeton University Press, Princeton, N.J., 1965. xii + 326 pp. $6.50.," *Science*, vol. 148, no. 3671, 1965. [CrossRef] [Google Scholar] [Publisher Link]

[22] Patrick E. McKnight, and Julius Najab, "Mann-Whitney U Test," *The Corsini Encyclopedia of Psychology*, 2010. [CrossRef] [Google Scholar] [Publisher Link]
[23] Katie J. Schuver, and Beth A. Lewis, "Mindfulness-Based Yoga Intervention for Women with Depression," *Complementary Therapies in Medicine*, vol. 26, pp. 85–91, 2016. [CrossRef] [Google Scholar] [Publisher Link]
[24] Andreas Michalsen et al., "Rapid Stress Reduction and Anxiolysis Among Distressed Women as a Consequence of a Three-Month Intensive Yoga Program," *Medical Science Monitor*, vol. 11, no. 12, pp. 555-561, 2005. [Google Scholar] [Publisher Link]
[25] Elizabeth Mendes, Lydia Sa Ad, and Kyley Mcgeeney, "Stay-at-Home Moms Report More Depression, Sadness, Anger," *Gallup*, 2012. [Google Scholar] [Publisher Link]
[26] Gallup-Healthways Well-Being ™ Index: Methodology Report for Indexes Gallup-Healthways Well-Being Index: Methodology Report for Indexes, 2009. [Online]. Available: https://news.gallup.com/poll/195539/gallup-healthways-index-methodology-report-indexes.aspx
[27] T.S. Saraswati, and Dutta Ranjana, *Invisible Boundaries, Grooming for Adult Roles: A Descriptive Study of Socialization in a Poor Rural and Urban Slum Setting in Gujarat*, Northern Book Centre, 1988. [Google Scholar] [Publisher Link]
[28] Elizabeth Whitaker, *An Analysis of Betty Friedan's the Feminine Mystique*, 1st ed., Macat Library, pp. 1-118, 2017. [CrossRef] [Google Scholar] [Publisher Link]
[29] Wendy J. Brownb et al., "Leisure Time Physical Activity in Australian Women: Relationship with Well Being and Symptoms," *Research Quarterly for Exercise and Sport*, vol. 71, no. 3, pp. 206–216, 2013. [CrossRef] [Google Scholar] [Publisher Link]
[30] Kerry Chamberlain, and Sheryl Zika, "Religiosity, Life Meaning and Wellbeing: Some Relationships in a Sample of Women," *Journal for the Scientific Study of Religion*, vol. 27, no. 3, pp. 411-420, 1988. [CrossRef] [Google Scholar] [Publisher Link]
[31] Fauziah Rabbani, "Views about Women's Mental Health: Study in a Squatter Settlement of Karachi," *Journal of the Pakistan Medical Association*, vol. 49, no. 6, pp. 139-142, 1999. [Google Scholar] [Publisher Link]
[32] Rebecca C. Thurston, and Laura D. Kubzansky, "Women, Loneliness, and Incident Coronary Heart Disease," *Psychosomatic Medicine*, vol. 71, no. 8, pp. 836–842, 2009. [CrossRef] [Google Scholar] [Publisher Link]
[33] R. Rebecca Neuman, "When will the Educational needs of Women be met? Some Questions for the Counselor," *Journal of Counseling Psychology*, vol. 10, no. 4, pp. 378–383, 1963. [CrossRef] [Google Scholar] [Publisher Link]
[34] Frank Browning, *The Fate of Gender: Nature, Nurture, and the Human Future*, USA: Bloomsbury Publishing, 2016. [Google Scholar] [Publisher Link]
[35] Klaus Rothermund, and Christian Meiniger, "Stress-Buffering Effects of Self-Complexity: Reduced Affective Spillover or Self-Regulatory Processes?," *Self and Identity*, vol. 3, no. 3, pp. 263–281, 2007. [CrossRef] [Google Scholar] [Publisher Link]
[36] Dana Crowley Jack, *Silencing the Self: Women and Depression*, Harvard University Press, 1991. [Google Scholar] [Publisher Link]
[37] Huang, Fu-Jung, Chien Ding-Kuo, and Chung Ue-Lin, "Effects of Hatha Yoga on Stress in Middle-Aged Women," *Journal of Nursing Research*, vol. 21, no. 1, pp. 59–66, 2013. [CrossRef] [Google Scholar] [Publisher Link]